(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Todd Slamowitz also certify that I am an officer of the reporting carrier; my responsibility agent; and, to the best of my knowledge, the reports and data provided	is authorized to submit the information reported on behalf of the reporting carrier. es include ensuring the accuracy of the annual data reporting requirements provided to the authorized to the authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: Bast Kentucky Network, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Officer: Michael Huffman	
Title or position of Authorized Officer: Financial Operations Director	or
Telephone number of Authorized Officer: 6068747550 ext.164	
Study Area Code of Reporting Carrier: 268017	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund	d Recipients on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fun reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the inform	: [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Name of Reporting Carrier: East Kentucky Network, LLC	
Name of Authorized Agent or Employee of Agent: Todd Slamowitz	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268017 Filing Due Date for this form:	07/31/2014

Attachments

. .

(060) Coverage and Performance Repo	n de la companya de	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-118

<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

(a) (a) (b) (b) (c) (c) (c) (d) (e) (b) <141> Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site per Census Block Newly Road Miles Resident Population Population Miles Shapefiles are Results are Tests are Population per per Census Block Reached by Newly Reached covered per uploaded uploaded uploaded Census Block Census Block by Service Reached Census Block (yes/no) (yes/no) (yes/no) Service State County 0000 KY 0 0 0 0.0 0.0 0.0 Yes

	0	Percentage of Total	0
Percentage of		Road Miles covered	
Total Population		by Service	
Reached by			
Service			

East Kentucky Network, LLC

. . . .

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide advanced wireless broadband service, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 3G service. Specifically, utilizing the 850 MHz, 1900 MHz, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 3G. Further, installation of new cell sites and the overlay of 3G will enable Filer to meet its public interest obligations to provide rural Kentucky citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and is in the process of constructing its network. Filer anticipates that it will deploy the network in the areas associated with this study code by no later than the construction deadline of July 18, 2015.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

. . . .

East Kentucky Network, LLC. has not yet deployed its network with respect to the SAC associated with this filing. Further, it has not undertaken any drive tests during the reporting period.

	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268018	
5 (2005)	Study Area Name	East Kentucky Network, LLC	ACCEPTED/FILED
<020>	Program Year	2014	.00 23 2014
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill <042> Cite the Study Area Code (SAC) for the Form 481 reporting	ed with the Form 481 reporting	(check box when complete) (1) <040>
<050>		anged since prior filing? Yes or No) (If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	ver tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>		olete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	268018	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number		
<111>	Filing Carrier Name		
<112>	Winning Bidder Carrier Name		
<113>	Street Address (or PO Box)	300	
<114>	City		
<115>	State		
<116>	Zip-Code		
<117>	Telephone Number		
<118>	Fax Number		
<119>	Email Address		
41137	Lindi Address		
<120> <121> <122>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		
Authorize	d Agent Information	441	
.420	if no agent, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Company		
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		
	ander 400 (100 (100 (100 (100 (100 (100 (100		

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	268018
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2013 - 12/2013	100

	Construction Status.zip	
Electronic Shapefiles attachments		
	Name of Attached Document (.zip)	
Drive Test Results attachments		
	Name of Attached Document (.zip)	
Scattered Site Test Results attachments		
	Name of Attached Document (.zip)	

<b1> <62> <c2> <c3> <d> <e> <141> Certify Certify that Drive that Electron Test Total Road Road Result Miles per Miles Certify that Road Shapefil s are upload Scattered Resident Total Resident Miles Census covered es are Resident Population Population Block uploade ed Site Tests are per per **Newly Reached** Reached by uploaded Population per Census Newly Census (yes/n State County Census Block Census Block by Service Service Block Reached Block (yes/no) o) (yes/no) -- \$ee attached worksheet

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance FCC F	orm 690
	oved by OMB
	Control No. 3060-1185 4 of 8

<010>	Study Area Code	268018
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on the formand in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz	is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports and d	
ame of Authorized Agent: Todd Slamowitz	8
ame of Reporting Carrier: East Kentucky Network	c, LLC
gnature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/18/2014
rinted name of Authorized Officer or Employee: Michael Huffman	
tle or position of Authorized Officer or Employee: Financial Oper	ations Director
elephone number of Authorized Officer or Employee: 6068747550 ex	t.164
tudy Area Code of Reporting Carrier: 268018	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoris	red to File Compliance with 47 CFR §54.10	09(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am author	ized to submit the certification on behalf of the n	eporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of r	ny knowledge, the information reported herein is	accurate.
Name of Reporting Carrier:	East Kentucky Network, LLC	
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
litle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268018	Filing Due Date for this fo	orm: 07/31/2014

(080) Tribe	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
2.20				Page 5 of 8
<010>	Study Area Code		268018	
<015>	Study Area Name		East Kentucky Network,	LLC
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding		Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identif			
<039>	Contact Email Address - Email Address of person identi	fied in data line <	030> tslamowitz@fcclaw.com	
<142>	State			
<143>	County			
				(4)
-114-	Tribal Land(s) on which ETC Conver			
<144>	Tribal Land(s) on which ETC Serves	,		
		1		
<145>	Tribal Government Engagement Obligation			
		Name of Attached	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,			
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the	Tribal		
	government pursuant to § 54.1004 includes:			
			Soloct	
			Select (Yes,No, NA)	
<146>	Needs assessment and deployment planning with a fo	cus on Tribal	(1.03,110,117)	
	community anchor institutions;	non emitrores de la compaña		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

<010>	Study Area Code	268018
		OMB Control No. 3060-1185 Page 6 of 8
	AND THE RESERVE OF THE PARTY OF	Approved by OMB
(090) Project	t Update Information	FCC Form 690

(1) 10 10 10 10 10 10 10 10 10 10 10 10 10		Page 6 of 8
<010>	Study Area Code	268018
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/18/2015
<202>	Total Mobility Fund Support Awarded	273420.0
<203>	Total Mobility Fund Support Disbursed	91140.0
<204>	Support Applied to Network Design	778.43
<205>	Support Applied to Construction	895873.34
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	4716.13
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	⊙ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	0 0
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EXN_PSD_KY.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	<u>'</u>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	268018
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Ac	curacy of the Data Reported for the Annual Reporting for Mobility Fund Recipients
I certify that I am an officer of the reporting carrier; my respo best of my knowledge, the information reported on this form	nsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	268018
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier I certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Todd Slamowitz Name of Reporting Carrier: Bast Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 07/18/2014 Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.164 Study Area Code of Reporting Carrier: 268018 Filing Due Date for this form: 07/31/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Rec	ipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipreported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information	[1] 1일 (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Name of Reporting Carrier: East Kentucky Network, LLC	
Name of Authorized Agent or Employee of Agent: Todd Slamowitz	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agent PCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268018 Filing Due Date for this form:	07/31/2014

Attachments

(060) Coverage and Performance Report	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185

<010>	Study Area Code	268018
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141> (a)) (a)) (a)) (b)) (b)) (b)) (c)) (c)) (c)) (d) (e) (b) Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site Resident Population Population Road Miles per Census Miles Shapefiles are Results are Tests are per Census Block Reached by Block Newly Population per **Newly Reached** covered per uploaded uploaded uploaded State County Census Block Census Block by Service Service Reached Census Block (yes/no) (yes/no) (yes/no) 0000 0 KY 0.0 0.0 Yes 0 0.0

Percentage of Total
Percentage of Total
Road Miles covered
by Service
Reached by
Service

East Kentucky Network, LLC

. . . .

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide advanced wireless broadband service, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 3G service. Specifically, utilizing the 850 MHz, 1900 MHz, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 3G. Further, installation of new cell sites and the overlay of 3G will enable Filer to meet its public interest obligations to provide rural Kentucky citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has substantially completed construction of its network, and its expenditures to date disclosed in the Form 690 herein includes network design, construction, and maintenance. Filer anticipates that it will deploy the network in the areas associated with this study code by no later than the construction deadline of July 18, 2015.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

East Kentucky Network, LLC. has not yet deployed its network with respect to the SAC associated with this filing. Further, it has not undertaken any drive tests during the reporting period.

PERSONAL PRINTS	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268019	
a to reconstruct and a	Study Area Name	East Kentucky Network, LLC	ACCEPTED/FILED JUL 23 2014
<020>	Program Year	2014	AOOL
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUL 23 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.100 <041> Attach a description of the documents of the documents of the second (SAC) for the second (SAC) for the second (SAC) for the second (SAC) cite the date of the Form 481 reporting	filed with the Form 481 reporting	N) <040> (041> (042> (043> (04
<050>		hanged since prior filling? Yes or No) (If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study orea c	over tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (con	nplete attached certification)	<101>
	<102> Agent Certification (cor	mplete attached certification)	<102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	268019	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number		
<111>	Filing Carrier Name		
<112>	Winning Bidder Carrier Name		
<113>	Street Address (or PO Box)		
<114>			
	City		
<115>	State		
<116>	Zip-Code		
<117>	Telephone Number		
<118>	Fax Number		
<119>	Email Address		
<120> <121> <122>	formation if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		
120	Ellion Address		
	d Agent Information if no agent, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Company		
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		
71202	Lineil Address		

Population per Newly Reached Reached by Census Newly Census d (yes/n uploade	(060) Cov	erage and	Performance	Report				20.00			FCC Form Ap proved OMB Con Page 3 of	d by OM trol No.	8 3060-1185
Study Area Name Bast Kentucky Network, LLC	<010>	Study Are	ea Code				26801	9					
Contact Name - Person USAC should contact regarding this data							East	Kentucky 1	Network, L	rc			
Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Construction Status.zip Electronic Shapefiles attachments Name of Attached Document (.zip)							2014						
Contact Email Address - Email Address of person identified in data line <030> tellamovitzation con Coverage and Performance Report Year	<030>			USAC should	contact regarding	g this data	Todd	Slamowitz					
Electronic Shapefiles attachments Construction Status.zip	<035>	Contact 1	Telephone Nu	mber - Numbe	r of person ident	ified in data lin	e <030> 70358	48678 ext					
Electronic Shapefiles attachments Name of Attached Document (xip)	<039>	Contact E	mail Address	- Email Addres	s of person ident	tified in data lin	ne <030> tslam	owitz@fcc	law.com				
Electronic Shapefiles attachments Name of Attached Document (.zip) Scattered Site Test Results attachments Name of Attached Document (.zip) Scattered Site Test Results attachments Name of Attached Document (.zip) Scattered Site Test Results attachments Name of Attached Document (.zip) Certify that that Drive Electron Total Resident Population	<140>	Coverage	and Perform	ance Report Ye	ear 01/2013	- 12/2013							
Scattered Site Test Results attachments Name of Attached Document (.zip) Name of Attached Document (.zip)			Electro	nic Shapefiles a	attachments					11.500			
Resident Population Per Population Per State County Census Block Census Block Census Block Census Block Population Per See attached Worksheet Census Census Block						ts							
Resident Population Per Population Population Population Population Population Per State County Census Block Census Block Census Block Census Block Described Block Population P	<141>	<a1></a1>	<32>	<a3></a3>	<b1></b1>	<b2></b2>	 d3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>	<e></e>	
		State	County	Census Block	Population per Census Block	Population Newly Reache by Service	Population Reached by Service	t Miles per Census Block	Miles per Census Block Newly	Road Miles covered per Census	that Electron ic Shapefil es are uploade d	that Drive Test Result s are upload ed (yes/n	Scattered Site Tests are
									-				
			1	L						L		L	L

Percentage of Total

Road Miles covered

by Service

Percentage of Total

Population Reached by

Service

) Urban Rate Comparability Certification Compliance FCC	Form 690
20年至10年的10年的10年的10年的10年的10年的10年的10年的10年的10年的	proved by OMB
	1B Control No. 3060-1185 ge 4 of 8

<010>	Study Area Code	268019
<015>	Study Area Name	Bast Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)		
I certify that I am an officer or employee of the reporting car form and in any attachments is accurate.	er; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this	
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz	is authorized to submit the information reported on behalf of the reporting r; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports and data p	
ame of Authorized Agent: Todd Slamowitz	
ame of Reporting Carrier: East Kentucky Network, Li	С
ignature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/18/2014
rinted name of Authorized Officer or Employee: Michael Huffman	
itle or position of Authorized Officer or Employee: Pinancial Operation	s Director
elephone number of Authorized Officer or Employee: 6068747550 ext.16	
tudy Area Code of Reporting Carrier: 268019	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	zed to File Compliance with 47 CFR §54	+.1009(a)(4) on Benair of Repo	orting Carrier
I, as agent for the reporting carrier, certify that I am author	ized to submit the certification on behalf of t	the reportin	ng carrier; I have provid	ed the data reported herein based or
data provided by the reporting carrier; and, to the best of	ny knowledge, the information reported here	ein is accura	ate.	
Name of Reporting Carrier:	East Kentucky Network, LLC			
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz			
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE		12 - 12 - 20	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz			
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel			
Telephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.			
Study Area Code of Reporting Carrier: 268019	Filing Due Date for th	his form:	07/31/2014	

(080) Trib	al Lands Reporting			FCC Form 690 Approved by OMB
		Walter School		OMB Control No. 3060-1185
34,1230				Page 5 of 8
<010>	Study Area Code		268019	
<015>	Study Area Name		Bast Kentucky Network, LLC	
<020>	Program Year	thic data	2014	
<030>	Contact Name - Person USAC should contact regarding to Contact Telephone Number - Number of person identifi		Todd Slamowitz (030> 7035848678 ext.	
<039>	Contact Email Address - Email Address of person identif		7000010070 0001	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
SOTTOPLIAN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<145>	Tribal Government Engagement Obligation			
	Name of Attached Docu		d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,Neach of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the Tgovernment pursuant to § 54.1004 includes:	the attached		
			Select (Yes,No, NA)	
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	5		
<154>	Compliance with Tribal Business and Licensing requirem	nents.		

(090) Project Update Information FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8 <010> Study Area Code <015> Study Area Name East Kentucky Network, LLC <020> Program Year 2014 <030> Contact Name - Person USAC should contact regarding this data Todd Slamowitz <035> Contact Telephone Number - Number of person identified in data line <030> 7035848678 ext. Contact Email Address - Email Address of person identified in data line <030> tslamowitz@fcclaw.com <039> <200> Date Authorized to Receive Support 07/18/2013 07/18/2015 <201> **Targeted Completion Date** <202> Total Mobility Fund Support Awarded 372664.8 <203> **Total Mobility Fund Support Disbursed** 124221.6 <204> Support Applied to Network Design 778.43 <205> Support Applied to Construction 25376.42 <206> Support Applied to Deployment <207> Support Applied to Maintenance 7063.52 <208> Certify Network will Support 3G Mobile Service (Yes / No) <209> Certify Network will Support 4G Mobile Service (Yes / No) <210> **Actual Completion Date** EKN_PSD_KY.pdf <211> Project Status Description (attached) (Name of PDF attached) Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment <215> Status of Network Deployment - Maintenance 1 <216> **Project Budget Status**

<217>

Project Plan Status

[101] Certification - Reporting Carrier	FCC Form 690
	Approved by OMB OMB Control No. 3060-1185
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<010>	Study Area Code	268019
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients			
I certify that I am an officer of the reporting carrier; my respo best of my knowledge, the information reported on this form	ibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the in any attachments is accurate.		
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form can l	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

07/18/2014

(102) Certification - Agent / Carrier	FCC Form 690
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<010>	Study Area Code	268019
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Todd Slamowitz also certify that I am an officer of the reporting carrier; my responsibilities includent; and, to the best of my knowledge, the reports and data provided to the a	is authorized to submit the information reported on behalf of the reporting carrie ide ensuring the accuracy of the annual data reporting requirements provided to the authorized uthorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: Bast Kentucky Network, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Officer: Michael Huffman	
Title or position of Authorized Officer: Financial Operations Director	
Telephone number of Authorized Officer: 6068747550 ext.164	
Study Area Code of Reporting Carrier: 268019 Fil	ing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

. , .

certification of Agent Authorized to	The Amada Reports for Mobility Falla I	Recipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to reported herein based on data provided by the reporting carrier; a		recipients on behalf of the reporting carrier; I have provided the data tion reported herein is accurate.
Name of Reporting Carrier: East Kentucky Network,	LLC	
Name of Authorized Agent or Employee of Agent: Todd Slar	mowitz	
Signature of Authorized Agent or Employee of Agent: CERTIF	PIED ONLINE	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent: Toda	d Slamowitz	
Title or position of Authorized Agent or Employee of Agent FCC	Legal Counsel	
Telephone number of Authorized Agent or Employee of Agent: 7	035848678 ext.	
Study Area Code of Reporting Carrier: 268019	Filing Due Date for this form:	07/31/2014